DECLARATION/POWER	T A 440 mm avy Doolses	•	17045				
			Attorney Docket	aber	17945		
FO			73° 4 37' 1 7			<u> </u>	
UTILITY OR DESIGN PA		ION	First Named Inv	/entor	r   Po	edro Lamartino	e de Faria
(37 CFR	1.63)					et al.	
□ Declaration     □ D	□Declaration			СОМ	OMPLETE IF KNOWN		
Submitted with Initial	Submitted after In	itial.	Application Number				
Filing	Filing (surcharge (37 CFR 1.16(e))		Filing Date			Herewith	h
-	required	1	Group Art Unit				
			Examiner Name				
As a bel w named inventor, I hereby declare that:							
My residence, mailing address,			•				
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:							
APPARATUS, METHODS AND ARTICLES OF MANUFACTURE FOR AN ADJUSTABLE PIN HEADER ASSEMBLY							
the specification of which							
is attached hereto							
OR							
☐ was filed on Number	was filed on as United States Application Number or PCT International Application Number and was amended on (MM/DD/YYYY) (if applicable).						plication
I hereby state that I have review amended by any amendment spe	ed and understand the exifically referred to at	content ove.	ts of the above identifie	ed spec	ification, inc	luding the claims	s, as
I acknowledge the duty to disclo continuation-in-part applications	s, material information	which	became available between	defined veen the	l in 37 CFR 1 e filing date	1.56, including fo of the prior applic	r cation and
the national or PCT international	I filing date of the cont	inuatio	on-in-part application.				
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designed at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT internatinal application having a filing date before that of the application on which priority is claimed.							
Pri r Foreign Application Number(s)	Country		Foreign Filing Date (MM/DD/YYYY)		riority	Certified Copy	Attached?
rumber (s)	Country	(,			Claimed	YES	NO
				0 0 0			000
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.							
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.  Application Number(s) Filing Date (MM/DD/YYYY)							
60/413,377 C9/25/02			te (MINI/DD/1111)		number suppler	onal provisional a rs are listed on a mental priority da B/02B attached he	ta sheet

DECLARATION - Utility or Design Patent Application							
Direct all correspondence to: ☐ Customer Number or ☒ Correspondence address below							
Name							
Address							
Address 4550 New Linden Hill Road—Suite 140							
City	Wilmington	State	DE	Zip 19808-2952			
Country	US	Telephone (30	2) 633 3566	Fax (302) 633 2776			
POWER OF ATTORNEY							
I hereby appoint	the following practitioner(s) to prosecute the	nis application and	transact all business	in the Patent and Trademark			
Office connected							
		ration No. 32177					
		ration No. 34685 ration No. 34198					
		ration No. 37770					
		ration No. 39090					
		ration No. 31750					
		tration No. 35703 tration No. 38412					
		stration No. 41472					
		tration No. 50533					
<ul> <li>[x] I hereby appoint the practitioner(s) associated with Customer Number 035811 to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.</li> <li>[] Attached, as part of this Declaration and Power of Attorney, is the authorization of the above-named practitioner(s) to accept and follow instructions from my representative(s).</li> </ul>							
DECLARATION							
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
A petition has been filed for this unsigned inventor							
Given Name (first and middle [lif any])  Pedro Lamartine  Family Name or Surname  De Faria							
Inventor's Signatu	ire Jesse Tak	14		Date 03/JUL/2003			
Residence/City:	Bragança Paulista Stat	e SP	Country Brazil	Citizenship Brazil			
Mailing Address: Rua São Roque							
Mailing Address: 50-Lavapés							
City Bragança I	Paulista Stat	e SP [Page 2 of 3]	<b>Zip</b> 12900-000	Country Brazil			

l .	_						
NAME OF SECOND INVENTOR:		☐ A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any))	Family Name or Surname						
Elias Gomes	De Oliveira						
Inventor's Signature					Date 037403		
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Mailing Address: Rua Mauro de Próspero, 500-Bloco 58							
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City: Bragança Paulista		State SP		<b>Zip</b> 12900-000	Country Brazil		
NAME OF ADDITIONAL JOINT INVENTOR, IF ANY:	☐ A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname		urname			
Inventor's Signature					Date		
Residence/City:		State		Country	Citizenship		
Mailing Address:							
Mailing Address;							
City:	State.			Zip.	Country		
NAME OF ADDITIONAL JOINT INVENTOR, IF ANY:		☐ A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Inventor's Signature Date							
Residence/City:		State		Country	Citizenship		
Mailing Address							
Mailing Address							
City		State		Zip	Country		
NAME OF ADDITIONAL JOINT INVENTOR IF ANY:			cen:	filed for this unsigne			
Given Name (first and middle [if any])		**************************************		Family Name or			
Inventor's Signature					Date		
Residence/City:		State Country		Country	Citizenship		
Mailing Address							
Mailing Address							
City		State		<b>Z</b> ip	Country		

[ ] Additional inventors are being named on the \_\_\_\_\_ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.